

UNITED STATES BANKRUPTCY COURT
____Northern____ DISTRICT OF ____Georgia____
____Atlanta____ DIVISION

IN RE: }
 } CASE NUMBER 18-58406
American Underwriting Services, LLC }
 } JUDGE Sage M Sigler
 }
DEBTOR. } CHAPTER 11

DEBTOR'S STANDARD MONTHLY OPERATING REPORT (BUSINESS)

FOR THE PERIOD
FROM 6/1/18 TO 6/30/18

Comes now the above-named debtor and files its Monthly Operating Reports in accordance with the Guidelines established by the United States Trustee and FRBP 2015.


Attorney for Trustee's Signature

Debtor's Address
and Phone Number:

American Underwriting Services, LLC
c/o S. Gregory Hays, Trustee
2964 Peachtree Rd, NW
Suite 555
Atlanta, GA 30305
(404) 926-0060

Attorney's Address
and Phone Number:

Henry F. Sewell
Law offices of Henry F. Sewell, Jr., LLC
Suite 555
2964 Peachtree Road NW
Atlanta, GA 30305
(404) 926-0053

Note: The original Monthly Operating Report is to be filed with the court and a copy simultaneously provided to the United States Trustee Office. Monthly Operating Reports must be filed by the 20th day of the following month.

For assistance in preparing the Monthly Operating Report, refer to the following resources on the United States Trustee Program Website, http://www.usdoj.gov/ust/r21/reg_info.htm

- 1) Instructions for Preparations of Debtor's Chapter 11 Monthly Operating Report
- 2) Initial Filing Requirements
- 3) Frequently Asked Questions (FAQs) <http://www.usdoj.gov/ust/>

SCHEDULE OF RECEIPTS AND DISBURSEMENTS
FOR THE PERIOD BEGINNING June 1, 2018 AND ENDING June 30, 2018

Name of Debtor: American Underwriting Services, LLC
Date of Petition: 05/18/2015

Case Number 18-58406

	CURRENT MONTH	CUMULATIVE PETITION TO DATE
	\$ (a)	\$ (b)
1. FUNDS AT BEGINNING OF PERIOD		
2. RECEIPTS:		
A. Cash Sales		
Minus: Cash Refunds	(-)	
Net Cash Sales		
B. Accounts Receivable		
C. Other Receipts (See MOR-3)		
(If you receive rental income, you must attach a rent roll.)		
3. TOTAL RECEIPTS (Lines 2A+2B+2C)		
4. TOTAL FUNDS AVAILABLE FOR OPERATIONS (Line 1 + Line 3)		
5. DISBURSEMENTS		
A. Advertising	SEE ATTACHED	
B. Bank Charges		
C. Contract Labor		
D. Fixed Asset Payments (not incl. in "N")		
E. Insurance		
F. Inventory Payments (See Attach. 2)		
G. Leases		
H. Manufacturing Supplies		
I. Office Supplies		
J. Payroll - Net (See Attachment 4B)		
K. Professional Fees (Accounting & Legal)		
L. Rent		
M. Repairs & Maintenance		
N. Secured Creditor Payments (See Attach. 2)		
O. Taxes Paid - Payroll (See Attachment 4C)		
P. Taxes Paid - Sales & Use (See Attachment 4C)		
Q. Taxes Paid - Other (See Attachment 4C)		
R. Telephone		
S. Travel & Entertainment		
Y. U.S. Trustee Quarterly Fees		
U. Utilities		
V. Vehicle Expenses		
W. Other Operating Expenses (See MOR-3)		
6. TOTAL DISBURSEMENTS (Sum of 5A thru W)	849,264.37	875,045.66
7. ENDING BALANCE (Line 4 Minus Line 6)	\$ (c)	\$ (c)

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and belief.

This 5 day of September, 2018. TRUSTEE (Signature)

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date. (b) This figure will not change from month to month. It is always the amount of funds on hand as of the date of the petition. (c) These two amounts will always be the same if form is completed correctly.

MONTHLY SCHEDULE OF RECEIPTS AND DISBURSEMENTS (cont'd)

Detail of Other Receipts and Other Disbursements

OTHER RECEIPTS:

Describe Each Item of Other Receipt and List Amount of Receipt. Write totals on Page MOR-2, Line 2C.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
SEE ATTACHED	\$	\$
TOTAL OTHER RECEIPTS	\$	\$

“Other Receipts” includes Loans from Insiders and other sources (i.e. Officer/Owner, related parties directors, related corporations, etc.). Please describe below:

<u>Loan Amount</u>	<u>Source of Funds</u>	<u>Purpose</u>	<u>Repayment Schedule</u>

OTHER DISBURSEMENTS:

Describe Each Item of Other Disbursement and List Amount of Disbursement. Write totals on Page MOR-2, Line 5W.

<u>Description</u>	<u>Current Month</u>	<u>Cumulative Petition to Date</u>
SEE ATTACHED	\$	\$
TOTAL OTHER DISBURSEMENTS	\$	\$

NOTE: Attach a current Balance Sheet and Income (Profit & Loss) Statement.

MOR-2 DETAIL

	Current Month	Cumulative Petition to Date
1 Funds Beginning	\$ 640,818.87	\$ 237,883.92
2a cash sales	-	-
2b a/r	432,752.37	861,468.61
2c other receipts	-	-
3 total receipts	432,752.37	861,468.61
4 total funds avail	1,073,571.24	1,099,352.53
a advertising	-	-
b bank charges	105.18	105.18
c contract labor	-	-
d fixed asset payments	-	-
e insurance	17,977.57	17,977.57
f inventory payments	-	-
g leases	3,319.69	3,319.69
h manufacturing supplies	-	-
i office supplies	32.99	32.99
j payroll - net	32,210.54	49,750.90
k professional fees	-	-
l rent	14,834.10	14,834.10
m repairs & maintenance	-	-
n secured creditor	-	-
o taxes - payroll	10,056.95	18,224.28
p taxes - sales & use	-	-
q taxes - other	20,367.44	20,367.44
r telephone	990.08	990.08
s travel & entertainment	-	-
y us trustee quarterly fee	-	-
u utilities	446.28	446.28
v vehicle exp	-	-
w other operating exp	748,923.55	748,997.15
6 total disbursements	849,264.37	875,045.66
7 ending balance	\$ 224,306.87	\$ 224,306.87

MOR-3 DETAIL

OTHER RECEIPTS	Current Month	Cumulative Petition to Date
	\$ -	\$ -
TOTAL OTHER RECEIPTS	\$ -	\$ -
<u>OTHER DISBURSEMENTS</u>		
Payroll processing fees	\$ 124.30	\$ 197.90
Dues and Subscriptions	2,400.00	2,400.00
Postage and Delivery	258.28	258.28
Premiums Paid	746,140.97	746,140.97
		-
TOTAL OTHER DISBURSEMENTS	\$ 748,923.55	\$ 748,997.15

ATTACHMENT 1

MONTHLY ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 6/1/18 Period ending 6/30/18

ACCOUNTS RECEIVABLE AT PETITION DATE: \$1,218,608.33

ACCOUNTS RECEIVABLE RECONCILIATION

(Include all accounts receivable, pre-petition and post-petition, including charge card sales which have not been received):

Beginning of Month Balance	\$	<u>1,028,738.09</u>	(a)
PLUS: Current Month New Billings	\$	<u>164,137.00</u>	
MINUS: Collection During the Month	\$	<u>432,752.37</u>	(b)
PLUS/MINUS: Adjustments or Writeoffs	\$	<u>*</u>	
End of Month Balance	\$	<u>760,122.72</u>	(c)

*For any adjustments or Write-offs provide explanation and supporting documentation, if applicable:

POST PETITION ACCOUNTS RECEIVABLE AGING

(Show the total for each aging category for all accounts receivable)

0-60 Days	61-90 Days	91-120 Days	Over 120Days	Total
\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u> </u>	\$ <u>760,122.72</u> (c)

For any receivables in the "Over 90 Days" category, please provide the following:

<u>Customer</u>	<u>Receivable Date</u>	<u>Status</u> (Collection efforts taken, estimate of collectability, write-off, disputed account, etc.)
<u>Various</u>	<u>Various</u>	<u>Old account balances that need to be audited and reconciled</u>
<u> </u>	<u> </u>	<u>for invoices that were probably netted against other receipts</u>
<u> </u>	<u> </u>	<u>but not recorded against oldest invoice.</u>
<u> </u>	<u> </u>	<u> </u>

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) This must equal the number reported in the "Current Month" column of Schedule of Receipts and Disbursements (Page MOR-2, Line 2B).

(c) These two amounts must equal.

ATTACHMENT 2

MOR-5

Accounts Payable 6/30/18

Company	Net Due
Tyser & Co.	\$1,687.24
American Inter-Fidelity Exchange	\$0.00
AIG	\$34,007.42
American Millennium Insurance Company	\$8,698.15
American Southern Insurance Companies	\$591.60
US Premium Finance	\$0.00
Britt-Tyser	\$738.40
Texas Surplus Lines Stamping Office	\$88.67
WillComply LLC	\$42.29
ACE Westchester Specialty Grp	\$0.00
Texas State Comptroller	\$2.73
Total A/P	\$45,856.50 *

* Subject to final review and confirmation.

ATTACHMENT 3
INVENTORY AND FIXED ASSETS REPORT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 6/1/18 Period ending 6/30/18

INVENTORY REPORT

INVENTORY BALANCE AT PETITION DATE: \$ 0

INVENTORY RECONCILIATION:

Inventory Balance at Beginning of Month	\$ <u>0</u>	(a)
PLUS: Inventory Purchased During Month	\$ _____	
MINUS: Inventory Used or Sold	\$ _____	
PLUS/MINUS: Adjustments or Write-downs	\$ _____	*
Inventory on Hand at End of Month	\$ <u>0</u>	

METHOD OF COSTING INVENTORY: N/A

*For any adjustments or write-downs provide explanation and supporting documentation, if applicable.

INVENTORY AGING

Less than 6 months old	6 months to 2 years old	Greater than 2 years old	Considered Obsolete	Total Inventory
_____ %	_____ %	_____ %	_____ %	= _____ *

* Aging Percentages must equal 100%.

xx Check here if inventory contains perishable items.

Description of Obsolete Inventory: _____

FIXED ASSET REPORT

FIXED ASSETS FAIR MARKET VALUE AT PETITION DATE: \$10,000.00 (b)
(Includes Property, Plant and Equipment)

BRIEF DESCRIPTION (First Report Only): Office equipment & furniture

FIXED ASSETS RECONCILIATION:

Fixed Asset Book Value at Beginning of Month	\$ <u>10,000.00</u>	(a)(b)
MINUS: Depreciation Expense	\$ _____	
PLUS: New Purchases	\$ _____	
PLUS/MINUS: Adjustments or Write-downs	\$ _____	*
Ending Monthly Balance	\$ <u>10,000.00</u>	

*For any adjustments or write-downs, provide explanation and supporting documentation, if applicable.

BRIEF DESCRIPTION OF FIXED ASSETS PURCHASED OR DISPOSED OF DURING THE REPORTING PERIOD: _____

(a) This number is carried forward from last month's report. For the first report only, this number will be the balance as of the petition date.

(b) Fair Market Value is the amount at which fixed assets could be sold under current economic conditions. Book Value is the cost of the fixed assets minus accumulated depreciation and other adjustments.

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 6/1/18 Period ending 6/30/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Synovus BRANCH: Atlanta

ACCOUNT NAME: Operating ACCOUNT NUMBER: -5668

PURPOSE OF ACCOUNT: OPERATING - ACCOUNT CLOSED 5/31/18

Ending Balance per Bank Statement	\$	<u>0</u>	
Plus Total Amount of Outstanding Deposits	\$	<u></u>	
Minus Total Amount of Outstanding Checks and other debits	\$	<u></u>	*
Minus Service Charges	\$	<u></u>	
Ending Balance per Check Register	\$	<u>0</u>	** (a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$ 0 Transferred to Payroll Account
 \$ 0 Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT: OPERATING – ACCOUNT CLOSED 5/31/18[illegible]

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 6/1/18 Period ending 6/30/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: Synovus BRANCH: Atlanta

ACCOUNT NAME: Premium ACCOUNT NUMBER: -5650

PURPOSE OF ACCOUNT: PREMIUM-ACCOUNT CLOSED 5/31/18

Ending Balance per Bank Statement	\$	0	
Plus Total Amount of Outstanding Deposits	\$		
Minus Total Amount of Outstanding Checks and other debits	\$		*
Minus Service Charges	\$		
Ending Balance per Check Register	\$	0	** (a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	0	Transferred to Payroll Account
\$	0	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT: PREMIUM - ACCOUNT CLOSED 5/31/18[illegible]

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 6/1/18 Period ending 6/30/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: El Monte, CA

ACCOUNT NAME: Operating ACCOUNT NUMBER: -0724

PURPOSE OF ACCOUNT: OPERATING

Ending Balance per Bank Statement	\$	<u>121,801.82</u>	
Plus Total Amount of Outstanding Deposits	\$	<u></u>	
Minus Total Amount of Outstanding Checks and other debits	\$	<u>13,239.07</u>	*
Minus Service Charges	\$	<u></u>	
Ending Balance per Check Register	\$	<u>108,562.75</u>	** (a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation:

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	<u>0</u>	Transferred to Payroll Account
\$	<u>0</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).



9300 Flair Drive Suite 106
El Monte CA 91731

Direct inquiries to:
888 895-5650

ACCOUNT STATEMENT

Page 1 of 5
STARTING DATE: June 01, 2018
ENDING DATE: June 30, 2018
Total days in statement period: 30
[REDACTED] 0724
(13)

OZ 02
AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 DIP-OPERATING ACCOUNT
CASE NO 18 58406
1255 ROBERTS BLVD SUITE 102
KENNESAW GA 30144-0000

For a limited time, enjoy \$0 transaction fees on all currency purchases and sales over \$300 USD. Visit a local branch or call 888.819.8883 for details. Standard fees apply for transactions under \$300 USD. Offer ends 12/31/18. Terms and conditions apply.

Trustee Checking

Account number	[REDACTED] 0724	Beginning balance	\$207,436.08
Enclosures	13	Total additions	(1) 100.00
Low balance	\$121,801.82	Total subtractions	(31) 85,734.26
Average balance	\$159,274.50	Ending balance	\$121,801.82

CREDITS

Number	Date	Transaction Description	Additions
	06-11	Deposit	100.00

CHECKS

Number	Date	Amount	Number	Date	Amount
1004	06-11	711.98	1011	06-12	127.04
1005	06-11	349.85	1012	06-25	1,124.35
1006	06-12	704.20	10619 *	06-04	3,619.14
1007	06-13	7,417.05	10620	06-01	1,232.57
1008	06-13	98.79	10621	06-05	1,840.20
1009	06-12	7,232.30	10626 *	06-05	1,284.53
1010	06-13	2,400.00			

* Skip in check sequence

DEBITS

Date	Transaction Description	Subtractions
05-31	Preauth Debit CORP PAYROLL SVC PAYROLL FEE 180531 AMUNDE	73.60
05-31	Preauth Debit CORP PAYROLL SVC PAYROLL TAX 180531 AMUNDE	8,167.33
06-05	Preauth Debit DELL ONLINE PMT 180605 CKF127617958NEG	137.25
06-06	Preauth Debit COMCAST CABLE 180606	223.14
06-06	Preauth Debit THE GUARDIAN JUN GP INS 180606 52117200CC20000	891.04
06-06	Preauth Debit US Premium Finan Payment 180606	2,583.42
06-06	Preauth Debit HUMANA, INC. INS PYMT 180606	7,151.00
06-14	Preauth Debit CORP PAYROLL SVC ER DIR DEP 180614 AMUNDE	12,489.11
06-15	Preauth Debit CORP PAYROLL SVC PAYROLL FEE 180615 AMUNDE	62.15
06-15	Preauth Debit CORP PAYROLL SVC PAYROLL TAX 180615 AMUNDE	5,043.44
06-19	Analysis Servic ANALYSIS ACTIVITY FOR 06/18	105.18
06-28	Preauth Debit DELL ONLINE PMT 180628 CKF506008609NEG	137.25





9300 Flair Drive Suite 106
El Monte CA 91731

AMERICAN UNDERWRITING SERVICES LLC

ACCOUNT STATEMENT

Page 2 of 5

STARTING DATE: June 01, 2018

ENDING DATE: June 30, 2018

0724

Date	Transaction Description	Subtractions
06-28	Preauth Debit CORP PAYROLL SVC ER DIR DEP 180628 AMUNDE	12,489.13
06-29	Preauth Debit CORP PAYROLL SVC PAYROLL FEE 180629 AMUNDE	62.15
06-29	Preauth Debit FP MAILING SOLUT FPMAIL 180629	157.00
06-29	Preauth Debit COMCAST CABLE 180629	223.14
06-29	Preauth Debit US Premium Finan Payment 180629	2,583.42
06-29	Preauth Debit CORP PAYROLL SVC PAYROLL TAX 180629 AMUNDE	5,013.51

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
05-31	199,195.15	06-11	179,271.03	06-19	143,591.77
06-01	197,962.58	06-12	171,207.49	06-25	142,467.42
06-04	194,343.44	06-13	161,291.65	06-28	129,841.04
06-05	191,081.46	06-14	148,802.54	06-29	121,801.82
06-06	180,232.86	06-15	143,696.95		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00





Checking Account **0724**
Statement Date **06/30/2018**
Page **3 of 5**

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10044
CHECKING ACCOUNT
1240 ROBERTS BLVD SUITE 100
NEWARK, CA 94641

1004
6-4-18
MEMO Vertafore
Seven Hundred Eleven + 99/100 \$ 711.98
MEMO Pkt 2037156 Ino 20164233
K Vm d Mth

06/11/2018 1004 \$711.98

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10044
CHECKING ACCOUNT
1240 ROBERTS BLVD SUITE 100
NEWARK, CA 94641

1007
6-7-18
MEMO Roberts Blvd LLC
Seven Thousand Four Hundred Seventeen + 00/100 \$ 7,417.05
MEMO June Rent
K Vm d Mth

06/13/2018 1007 \$7,417.05

00000 069378 00009 0004
06-11-2018
CRED TO PAYEE
ABS END QUAR

06/11/2018 1004 \$711.98

FOR DEPOSIT ONLY

06/13/2018 1007 \$7,417.05

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10044
CHECKING ACCOUNT
1240 ROBERTS BLVD SUITE 100
NEWARK, CA 94641

1005
6-4-18
MEMO State Comptroller
Three Hundred Forty Nine + 85/100 \$ 349.85
MEMO
K Vm d Mth

06/11/2018 1005 \$349.85

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10044
CHECKING ACCOUNT
1240 ROBERTS BLVD SUITE 100
NEWARK, CA 94641

1008
6-7-18
MEMO CIT
Ninety Eight + 79/100 \$ 98.79
MEMO
K Vm d Mth

06/13/2018 1008 \$98.79

181596383089

06/11/2018 1005 \$349.85

06/13/2018 1008 \$98.79

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10044
CHECKING ACCOUNT
1240 ROBERTS BLVD SUITE 100
NEWARK, CA 94641

1006
6-4-18
MEMO WNC
Seven Hundred Four Dollars + 20/100 \$ 704.20
MEMO
K Vm d Mth

06/12/2018 1006 \$704.20

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10044
CHECKING ACCOUNT
1240 ROBERTS BLVD SUITE 100
NEWARK, CA 94641

1009
6-8-18
MEMO American Benefits Inc
Seven Thousand Two Hundred Thirty Two + 30/100 \$ 7,232.30
MEMO
K Vm d Mth

06/12/2018 1009 \$7,232.30

06/12/2018 1006 \$704.20

06/12/2018 1009 \$7,232.30



Checking Account **0724**
Statement Date **06/30/2018**
Page **4 of 5**

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10000
DEBITOR ACCOUNT
100 POINTS BLVD SUITE 100
KENNESAW, GA 30144

1010
6-8-18

PAY TO THE ORDER OF Supportive Insurance Services \$ 2,400.00
Two Thousand Four Hundred & 00/100 DOLLARS

MEMO K Vmd Mxt

06/13/2018 1010 \$2,400.00

American Underwriting Services LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

10619
05/31/2018 ****\$3,619.14

PAY TO THE ORDER OF Supportive Insurance Services \$ 3,619.14
Three Thousand Six Hundred and Nineteen & 14/100 DOLLARS

MEMO K Vmd Mxt

06/04/2018 10619 \$3,619.14

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10000
DEBITOR ACCOUNT
100 POINTS BLVD SUITE 100
KENNESAW, GA 30144

1010
6-8-18

PAY TO THE ORDER OF Supportive Insurance Services \$ 2,400.00
Two Thousand Four Hundred & 00/100 DOLLARS

MEMO K Vmd Mxt

06/13/2018 1010 \$2,400.00

American Underwriting Services LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

10619
05/31/2018 ****\$3,619.14

PAY TO THE ORDER OF Supportive Insurance Services \$ 3,619.14
Three Thousand Six Hundred and Nineteen & 14/100 DOLLARS

MEMO K Vmd Mxt

06/04/2018 10619 \$3,619.14

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10000
DEBITOR ACCOUNT
100 POINTS BLVD SUITE 100
KENNESAW, GA 30144

1011
6-8-18

PAY TO THE ORDER OF Acadia Coffee Service \$ 127.04
One Hundred Twenty Seven & 04/100 DOLLARS

MEMO K Vmd Mxt

06/12/2018 1011 \$127.04

American Underwriting Services LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

10620
05/31/2018 ****\$1,232.57

PAY TO THE ORDER OF Acadia Coffee Service \$ 1,232.57
One thousand two hundred thirty-two and 57/100 DOLLARS

MEMO K Vmd Mxt

06/01/2018 10620 \$1,232.57

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10000
DEBITOR ACCOUNT
100 POINTS BLVD SUITE 100
KENNESAW, GA 30144

1011
6-8-18

PAY TO THE ORDER OF Acadia Coffee Service \$ 127.04
One Hundred Twenty Seven & 04/100 DOLLARS

MEMO K Vmd Mxt

06/12/2018 1011 \$127.04

American Underwriting Services LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

10620
05/31/2018 ****\$1,232.57

PAY TO THE ORDER OF Acadia Coffee Service \$ 1,232.57
One thousand two hundred thirty-two and 57/100 DOLLARS

MEMO K Vmd Mxt

06/01/2018 10620 \$1,232.57

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10000
DEBITOR ACCOUNT
100 POINTS BLVD SUITE 100
KENNESAW, GA 30144

1012
6-22-18

PAY TO THE ORDER OF Pruss Wiley \$ 1,124.35
One Thousand One Hundred Twenty Four & 35/100 DOLLARS

MEMO Exp. Report

MEMO K Vmd Mxt

06/25/2018 1012 \$1,124.35

American Underwriting Services LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

10621
05/31/2018 ****\$1,840.20

PAY TO THE ORDER OF Pruss Wiley \$ 1,840.20
One thousand eight hundred forty and 20/100 DOLLARS

MEMO K Vmd Mxt

06/05/2018 10621 \$1,840.20

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10000
DEBITOR ACCOUNT
100 POINTS BLVD SUITE 100
KENNESAW, GA 30144

1012
6-22-18

PAY TO THE ORDER OF Pruss Wiley \$ 1,124.35
One Thousand One Hundred Twenty Four & 35/100 DOLLARS

MEMO Exp. Report

MEMO K Vmd Mxt

06/25/2018 1012 \$1,124.35

American Underwriting Services LLC
1255 Roberts Blvd
Suite 102
Kennesaw, GA 30144

10621
05/31/2018 ****\$1,840.20

PAY TO THE ORDER OF Pruss Wiley \$ 1,840.20
One thousand eight hundred forty and 20/100 DOLLARS

MEMO K Vmd Mxt

06/05/2018 10621 \$1,840.20



Your financial bridge®

Checking Account

Page

06/30/2018

5 of 5

American Underwriting Services
 LLC
 1255 Roberts Blvd
 Suite 102
 Kennewick, WA 98144

End West Bank
 Washington, WA 98001
 561-3808
 3339

CHECK NO.
 010626

DATE
 05/31/2018

AMOUNT
 *****1,284.53

PAY
 One thousand two hundred eighty-four and 53/100 dollars

TO THE ORDER OF
 Stephen A Uhler
 1674 Salesboro Blvd
 Kennewick, WA 98132

K. Kunderman
 AUTHORIZED SIGNATURE

00106260 432207038 11

06/05/2018	10626	\$1,284.53
------------	-------	------------

[illegible]

06/05/2018	10626	\$1,284.53
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CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT: OPERATING[illegible]

8:28 PM

07/28/18

American Underwriting Services, LLC

Reconciliation Detail

East West DIP Operating #10724, Period Ending 06/30/2018

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						207,436.08
Cleared Transactions						
Checks and Payments - 31 Items						
Check	05/31/2018		Corporate Payroll...	X	-8,167.33	-8,167.33
Check	05/31/2018	10619	Kevin Wiley	X	-3,619.14	-11,786.47
Check	05/31/2018	10621	Ashley Swearengin	X	-1,840.20	-13,626.67
Check	05/31/2018	10626	Stephen Uhler	X	-1,284.53	-14,911.20
Check	05/31/2018	10620	Joel Whigham	X	-1,232.57	-16,143.77
Check	05/31/2018		Corporate Payroll...	X	-73.60	-16,217.37
Check	06/04/2018		Humana	X	-7,151.00	-23,368.37
Check	06/04/2018		USPF	X	-2,583.42	-25,951.79
Check	06/04/2018		Guardian	X	-891.04	-26,842.83
Check	06/04/2018	1004	Vertafore	X	-711.98	-27,554.81
Check	06/04/2018	1006	WNC	X	-704.20	-28,259.01
Check	06/04/2018	1005	Texas Comptroller	X	-349.85	-28,608.86
Check	06/04/2018		Comcast	X	-223.14	-28,832.00
Check	06/04/2018		Dell	X	-137.25	-28,969.25
Check	06/08/2018	1007	Roberts Blvd	X	-7,417.05	-36,386.30
Check	06/08/2018	1009	Americomp	X	-7,232.30	-43,618.60
Check	06/08/2018	1010	Supportive	X	-2,400.00	-46,018.60
Check	06/08/2018	1011	Acadia Coffee	X	-127.04	-46,145.64
Check	06/08/2018	1008	CIT	X	-98.79	-46,244.43
Check	06/15/2018		Corporate Payroll...	X	-12,489.11	-58,733.54
Check	06/15/2018		Corporate Payroll...	X	-5,043.44	-63,776.98
Check	06/15/2018		Corporate Payroll...	X	-62.15	-63,839.13
Check	06/19/2018		East West Bank	X	-105.18	-63,944.31
Check	06/22/2018	1012	James Wiley	X	-1,124.35	-65,068.66
Check	06/27/2018		USPF	X	-2,583.42	-67,652.08
Check	06/27/2018		Comcast	X	-223.14	-67,875.22
Check	06/27/2018		FP Mailing Soluti...	X	-157.00	-68,032.22
Check	06/27/2018		Dell	X	-137.25	-68,169.47
Check	06/29/2018		Corporate Payroll...	X	-12,489.13	-80,658.60
Check	06/29/2018		Corporate Payroll...	X	-5,013.51	-85,672.11
Check	06/29/2018		Corporate Payroll...	X	-62.15	-85,734.26
Total Checks and Payments					-85,734.26	-85,734.26
Deposits and Credits - 2 Items						
Transfer	05/31/2018			X	14.00	14.00
Transfer	05/31/2018			X	86.00	100.00
Total Deposits and Credits					100.00	100.00
Total Cleared Transactions					-85,634.26	-85,634.26
Cleared Balance					-85,634.26	121,801.82
Uncleared Transactions						
Checks and Payments - 5 Items						
Check	06/26/2018	1014	Roberts Blvd		-7,417.05	-7,417.05
Check	06/26/2018	1015	Vertafore		-711.98	-8,129.03
Check	06/26/2018	1013	WNC		-691.20	-8,820.23
Check	06/27/2018		Humana		-3,822.00	-12,642.23
Check	06/27/2018		Guardian		-596.84	-13,239.07
Total Checks and Payments					-13,239.07	-13,239.07
Total Uncleared Transactions					-13,239.07	-13,239.07
Register Balance as of 06/30/2018					-98,873.33	108,562.75
Ending Balance					-98,873.33	108,562.75

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 6/1/18 Period ending 6/30/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: El Monte, CA

ACCOUNT NAME: Operating Commissions ACCOUNT NUMBER: -0864

PURPOSE OF ACCOUNT: OPERATING COMMISSIONS – ACCOUNT OPENED 6/8/18

Ending Balance per Bank Statement	\$	65,922.00	
Plus Total Amount of Outstanding Deposits	\$		
Minus Total Amount of Outstanding Checks and other debits	\$		*
Minus Service Charges	\$		
Ending Balance per Check Register	\$	65,922.00	** (a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>				

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	0	Transferred to Payroll Account
\$	0	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

EAST WEST BANK Your financial bridge®
 9300 Flair Drive Suite 106
 El Monte CA 91731

Direct inquiries to:
 888 895-5650

ACCOUNT STATEMENT

Page 1 of 1
 STARTING DATE: June 08, 2018
 ENDING DATE: June 30, 2018
 Total days in statement period: 23
 0864
 (0)

OZ 02
 AMERICAN UNDERWRITING SERVICES LLC
 CHAPTER 11 DIP-OPERATING COMMISSION
 CASE NO 18 58406
 1255 ROBERTS BLVD SUITE 102
 KENNESAW GA 30144-0000

For a limited time, enjoy \$0 transaction fees on all currency purchases and sales over \$300 USD. Visit a local branch or call 888.819.8883 for details. Standard fees apply for transactions under \$300 USD. Offer ends 12/31/18. Terms and conditions apply.

Trustee Checking

Account number	0864	Beginning balance	\$0.00
Low balance	\$0.00	Total additions	(2) 65,922.00
Average balance	\$41,630.98	Total subtractions	(0) .00
		Ending balance	\$65,922.00

CREDITS

Number	Date	Transaction Description	Additions
	06-14	Onln Bkg Trft C FR ACC 738	52,325.21
	06-26	Onln Bkg Trft C FR ACC 0738	13,596.79

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
06-14	52,325.21	06-26	65,922.00		

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00



CHECK REGISTER - OPERATING ACCOUNT

8:18 PM

07/28/18

American Underwriting Services, LLC

Reconciliation Detail

East West DIP Oper Comm #10864, Period Ending 06/30/2018

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						0.00
Cleared Transactions						
Deposits and Credits - 2 Items						
Transfer	06/14/2018			X	52,325.21	52,325.21
Transfer	06/26/2018			X	13,596.79	65,922.00
Total Deposits and Credits					65,922.00	65,922.00
Total Cleared Transactions					65,922.00	65,922.00
Cleared Balance					65,922.00	65,922.00
Register Balance as of 06/30/2018					65,922.00	65,922.00
Ending Balance					65,922.00	65,922.00

ATTACHMENT 4A

MONTHLY SUMMARY OF BANK ACTIVITY - OPERATING ACCOUNT

Name of Debtor: American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 6/1/18 Period ending 6/30/18

Attach a copy of current month bank statement and bank reconciliation to this Summary of Bank Activity. A standard bank reconciliation form can be found at http://www.usdoj.gov/ust/r21/reg_info.htm. If bank accounts other than the three required by the United States Trustee Program are necessary, permission must be obtained from the United States Trustee prior to opening the accounts. Additionally, use of less than the three required bank accounts must be approved by the United States Trustee.

NAME OF BANK: East West Bank BRANCH: Atlanta

ACCOUNT NAME: Premium ACCOUNT NUMBER: -0738

PURPOSE OF ACCOUNT: PREMIUM

Ending Balance per Bank Statement	\$	<u>67,229.49</u>	
Plus Total Amount of Outstanding Deposits	\$	<u></u>	
Minus Total Amount of Outstanding Checks and other debits	\$	<u>17,407.37</u>	*
Minus Service Charges	\$	<u></u>	
Ending Balance per Check Register	\$	<u>49,822.12</u>	** (a)

*Debit cards are used by NONE

**If Closing Balance is negative, provide explanation: _____

The following disbursements were paid in Cash (do not include items reported as Petty Cash on Attachment 4D: (☐ Check here if cash disbursements were authorized by United States Trustee)

Date	Amount	Payee	Purpose	Reason for Cash Disbursement
<u>NONE</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

TRANSFERS BETWEEN DEBTOR IN POSSESSION ACCOUNTS

"Total Amount of Outstanding Checks and other debits", listed above, includes:

\$	<u>0</u>	Transferred to Payroll Account
\$	<u>0</u>	Transferred to Tax Account

(a) The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

EAST WEST BANK Your financial bridge®
9300 Flair Drive Suite 106
El Monte CA 91731

Direct inquiries to:
888 895-5650

ACCOUNT STATEMENT

Page 1 of 3
STARTING DATE: June 01, 2018
ENDING DATE: June 30, 2018
Total days in statement period: 30
0738
(2)

OZ 02
AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 DIP-PREMIUM ACCOUNT
CASE NO 18 58406
1255 ROBERTS BLVD SUITE 102
KENNESAW GA 30144-0000

For a limited time, enjoy \$0 transaction fees on all currency purchases and sales over \$300 USD. Visit a local branch or call 888.819.8883 for details. Standard fees apply for transactions under \$300 USD. Offer ends 12/31/18. Terms and conditions apply.

Trustee Checking

Account number	0738	Beginning balance	\$449,500.16
Enclosures	2	Total additions	(16) 566,857.17
Low balance	\$20,424.62	Total subtractions	(16) 949,127.84
Average balance	\$283,554.59	Ending balance	\$67,229.49

CREDITS

Number	Date	Transaction Description	Additions
	06-05	Wire Trans-IN COOK INSURANCE GRO UP LIMITED	134,104.80
	06-08	Wire Trans-IN TRANSPORT SOUTH IN SURANCE AGENCY LL	79,818.82
	06-11	Deposit	77,851.21
	06-13	Pre-Auth Credit MARQUEE INSURANC 6.1 AUS in 6.1 AUS Inv	616.50
	06-13	Pre-Auth Credit THE HILS GROUP AMERUND-01 180612	
		AMERUND-01	4,277.70
	06-14	Deposit	60,441.04
	06-18	Pre-Auth Credit REGIONS INS PR T CORP PAY 180618 KENNESAW, GA	
			1,741.20
1	06-22	Deposit	159,014.65
	06-27	Pre-Auth Credit ASSURED TRUCKING ACH Pmt Dena Bros Trucking LLC, PD policy#NA 17AU06-489, End#1 Inv#067859, Eff 6/	
			390.30
	06-27	Deposit	1,354.14
	06-27	Deposit	38,936.50
	06-28	Pre-Auth Credit ASSURED TRUCKING ACH Pmt Jim Transport LLC, PD policy#NA18AU0 8-190, End#1 Inv#0 67854, Eff 6/4/18,	
			70.76
	06-28	Pre-Auth Credit ASSURED TRUCKING ACH Pmt Jim Transport LLC, CAL policy#AUS400 0143-02, End#4 Inv #067967, Eff 6/4/1	
			88.60
	06-28	Pre-Auth Credit ASSURED TRUCKING ACH Pmt Jim Transport LLC, CAL policy#AUS400 0143-02, End#3 Inv #067966, Eff 6/4/1	
			117.56
	06-28	Pre-Auth Credit ASSURED TRUCKING ACH Pmt Jim Transport LLC, MTC policy#NA18AU 08-191, End#2 Inv# 067855, Eff 6/4/18	
			127.88
	06-29	Pre-Auth Credit Kunkel & Associa Ins Compan 180629	7,905.51





9300 Flair Drive Suite 106
El Monte CA 91731

AMERICAN UNDERWRITING SERVICES LLC

ACCOUNT STATEMENT

Page 2 of 3

STARTING DATE: June 01, 2018

ENDING DATE: June 30, 2018

0738

CHECKS

Number	Date	Amount	Number	Date	Amount
1003	06-26	773.69			
1005 *	06-28	2,186.38			

* Skip in check sequence

DEBITS

Date	Transaction Description	Subtractions
06-05	Dep Rtn Stopped	134,104.80
06-14	Outgoing Wire Seneca Insurance Company	4,110.05
06-14	Outgoing Wire ACE American Insurance Company	4,199.06
06-14	Outgoing Wire AIG	55,802.55
06-14	Outgoing Wire Tysers	137,694.96
06-14	Outgoing Wire American Southern Insurance Company	148,343.03
06-14	Outgoing Wire American Millennium Insurance Comp	184,991.12
06-14	Onln Bkg Trfn D TO ACC 0864	52,325.21
06-26	Outgoing Wire ACE American Insurance Company	2,371.02
06-26	Outgoing Wire American Millennium Insurance Comp	17,169.98
06-26	Outgoing Wire American Southern Insurance Company	26,478.58
06-26	Outgoing Wire Tysers	26,584.42
06-26	Outgoing Wire AIG	138,396.20
06-26	Onln Bkg Trfn D TO ACC 0864	13,596.79

DAILY BALANCES

Date	Amount	Date	Amount	Date	Amount
05-31	449,500.16	06-13	612,064.39	06-26	20,424.62
06-05	449,500.16	06-14	85,039.45	06-27	61,105.56
06-08	529,318.98	06-18	86,780.65	06-28	59,323.98
06-11	607,170.19	06-22	245,795.30	06-29	67,229.49

OVERDRAFT/RETURN ITEM FEES

	Total for this period	Total year-to-date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00





Checking Account
Statement Date
Page

0738
06/30/2018
3 of 3

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10444
PREPAID ACCOUNT
1341 KOSKATZ BLVD SUITE 100
BIRMINGHAM, AL 35244

EASTWEST BANK
NEW YORK, NY 10017
NEW YORK, NY 10017

1003

6-21-18

PAY TO THE ORDER OF Will Comely \$ 773.69
Seven Hundred Seventy Three & 69/100 DOLLARS

MEMO K Vmd Mdt

⑆001003⑆ 432207038142

06/26/2018 1003 \$773.69

For Deposit Only - JPMCO

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10444
PREPAID ACCOUNT
1341 KOSKATZ BLVD SUITE 100
BIRMINGHAM, AL 35244

EASTWEST BANK
NEW YORK, NY 10017
NEW YORK, NY 10017

1003

6-21-18

PAY TO THE ORDER OF Will Comely \$ 773.69
Seven Hundred Seventy Three & 69/100 DOLLARS

MEMO K Vmd Mdt

⑆001003⑆ 432207038142

06/26/2018 1003 \$773.69

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10444
PREPAID ACCOUNT
1341 KOSKATZ BLVD SUITE 100
BIRMINGHAM, AL 35244

EASTWEST BANK
NEW YORK, NY 10017
NEW YORK, NY 10017

1005

6-21-18

PAY TO THE ORDER OF Professional Safety Consultants \$ 2,186.38
Two Thousand One Hundred Eighty Six & 38/100 DOLLARS

MEMO K Vmd Mdt

⑆001005⑆ 432207038142

06/28/2018 1005 \$2,186.38

AMERICAN UNDERWRITING SERVICES LLC
CHAPTER 11 CASE NO. 18-10444
PREPAID ACCOUNT
1341 KOSKATZ BLVD SUITE 100
BIRMINGHAM, AL 35244

EASTWEST BANK
NEW YORK, NY 10017
NEW YORK, NY 10017

1005

6-21-18

PAY TO THE ORDER OF Professional Safety Consultants \$ 2,186.38
Two Thousand One Hundred Eighty Six & 38/100 DOLLARS

MEMO K Vmd Mdt

⑆001005⑆ 432207038142

06/28/2018 1005 \$2,186.38

CHECK REGISTER - OPERATING ACCOUNT

PURPOSE OF ACCOUNT: PREMIUM[illegible]

9:44 PM

07/28/18

American Underwriting Services, LLC
Reconciliation Detail
East West DIP Premium #10738, Period Ending 06/30/2018

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						449,500.16
Cleared Transactions						
Checks and Payments - 15 items						
Check	06/14/2018		AMIC	X	-184,991.12	-184,991.12
Check	06/14/2018		American Southern	X	-148,343.03	-333,334.15
Check	06/14/2018		Tyser / Lloyds	X	-137,694.96	-471,029.11
Check	06/14/2018		AIG	X	-55,802.55	-526,831.66
Transfer	06/14/2018			X	-52,325.21	-579,156.87
Check	06/14/2018		ACE	X	-4,199.06	-583,355.93
Check	06/14/2018		Seneca	X	-4,110.05	-587,465.98
Check	06/21/2018	1005	Professional Safe...	X	-2,186.38	-589,652.36
Check	06/21/2018	1003	Will Comply	X	-773.69	-590,426.05
Check	06/26/2018		AIG	X	-138,396.20	-728,822.25
Check	06/26/2018		Tyser / Lloyds	X	-26,584.42	-755,406.67
Check	06/26/2018		American Southern	X	-26,478.58	-781,885.25
Check	06/26/2018		AMIC	X	-17,169.98	-799,055.23
Transfer	06/26/2018			X	-13,596.79	-812,652.02
Check	06/26/2018		ACE	X	-2,371.02	-815,023.04
Total Checks and Payments					-815,023.04	-815,023.04
Deposits and Credits - 13 items						
Deposit	06/08/2018			X	79,818.82	79,818.82
Deposit	06/11/2018			X	77,851.21	157,670.03
Deposit	06/13/2018			X	4,894.20	162,564.23
Deposit	06/15/2018			X	60,441.04	223,005.27
Deposit	06/18/2018			X	1,741.20	224,746.47
Deposit	06/22/2018			X	159,014.65	383,761.12
Deposit	06/27/2018			X	390.30	384,151.42
Deposit	06/27/2018			X	40,290.64	424,442.06
Deposit	06/28/2018			X	70.76	424,512.82
Deposit	06/28/2018			X	88.60	424,601.42
Deposit	06/28/2018			X	117.56	424,718.98
Deposit	06/28/2018			X	127.88	424,846.86
Deposit	06/28/2018			X	7,905.51	432,752.37
Total Deposits and Credits					432,752.37	432,752.37
Total Cleared Transactions					-382,270.67	-382,270.67
Cleared Balance					-382,270.67	67,229.49
Uncleared Transactions						
Checks and Payments - 7 items						
Check	06/21/2018	1002	Texas Comptroller		-15,031.53	-15,031.53
Check	06/21/2018	1001	Texas Surplus Li...		-464.99	-15,496.52
Check	06/21/2018	1004	Georgia Insuranc...		-406.00	-15,902.52
Check	06/21/2018		NJ Surplus Lines		-10.75	-15,913.27
Check	06/26/2018	1007	Will Comply		-846.90	-16,760.17
Check	06/26/2018	1008	Texas Comptroller		-627.75	-17,387.92
Check	06/26/2018	1006	Texas Surplus Li...		-19.45	-17,407.37
Total Checks and Payments					-17,407.37	-17,407.37
Total Uncleared Transactions					-17,407.37	-17,407.37
Register Balance as of 06/30/2018					-399,678.04	49,822.12
Ending Balance					-399,678.04	49,822.12

ATTACHMENT 4D

INVESTMENT ACCOUNTS AND PETTY CASH REPORT

INVESTMENT ACCOUNTS

Each savings and investment account, i.e. certificates of deposits, money market accounts, stocks and bonds, etc., should be listed separately. Attach copies of account statements.

Type of Negotiable

Instrument	Face Value	Purchase Price	Date of Purchase	Current Market Value
NONE				

NOTE:

TOTAL \$ _____(a)

PETTY CASH REPORT

The following Petty Cash Drawers/Accounts are maintained:

	(Column 2) Maximum Amount of Cash in Drawer/Acct.	(Column 3) Amount of Petty Cash On Hand (Column 2) and At End of Month	(Column 4) Difference between (Column 2) and (Column 3)
NONE			

TOTAL \$ _____(b)

For any Petty Cash Disbursements over \$100 per transaction, attach copies of receipts. If there are no receipts, provide an explanation _____

TOTAL INVESTMENT ACCOUNTS AND PETTY CASH(a + b) \$ 0 _____(c)

(c)The total of this line on Attachment 4A, 4B and 4C plus the total of 4D must equal the amount reported as "Ending Balance" on Schedule of Receipts and Disbursements (Page MOR-2, Line 7).

MONTHLY TAX REPORT

Case Number: 18-58406

Period ending 6/30/18

Report all unpaid post-petition taxes including Federal and State withholding FICA, State sales tax, property tax, unemployment tax, State workmen's compensation, etc.

Name of Taxing Authority	Date Payment Due	Description	Amount	Date Last Tax Return Filed	Tax Return Period
TOTAL			\$ 0		

Note:

ATTACHMENT 7

SUMMARY OF OFFICER OR OWNER COMPENSATION

SUMMARY OF PERSONNEL AND INSURANCE COVERAGES

Name of Debtor American Underwriting Services, LLC Case Number: 18-58406

Reporting Period beginning 6/1/18 Period ending 6/30/18

Report all forms of compensation received by or paid on behalf of the Officer or Owner during the month. Include car allowances, payments to retirement plans, loan repayments, payments of Officer/Owner's personal expenses, insurance premium payments, etc. Do not include reimbursement for business expenses Officer or Owner incurred and for which detailed receipts are maintained in the accounting records.

<u>Name of Officer or Owner</u>	<u>Title</u>	<u>Payment Description</u>	<u>Amount Paid</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSONNEL REPORT

	<u>Full Time</u>	<u>Part Time</u>
Number of employees at beginning of period	<u>8</u>	<u>0</u>
Number hired during the period	<u>0</u>	<u>0</u>
Number terminated or resigned during period	<u>2</u>	<u>0</u>
Number of employees on payroll at end of period	<u>6</u>	<u>0</u>

CONFIRMATION OF INSURANCE

List all policies of insurance in effect, including but not limited to workers' compensation, liability, fire, theft, comprehensive, vehicle, health and life. For the first report, attach a copy of the declaration sheet for each type of insurance. For subsequent reports, attach a certificate of insurance for any policy in which a change occurs during the month (new carrier, increased policy limits, renewal, etc.).

<u>Agent and/or Carrier</u>	<u>Phone Number</u>	<u>Policy Number</u>	<u>Coverage Type</u>	<u>Expiration Date</u>	<u>Date Premium Due</u>
<u>SEE ATTACHED</u>	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The following lapse in insurance coverage occurred this month:

<u>Policy Type</u>	<u>Date Lapsed</u>	<u>Date Reinstated</u>	<u>Reason for Lapse</u>
<u>NONE</u>	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check here if U. S. Trustee has been listed as Certificate Holder for all insurance policies.

AGENT OR CARRIER	PHONE NUMBER	POLICY NUMBER	COVERAGE TYPE	EXPIRATION DATE	DATE PREMIUM DUE
Admiral Insurance Company	713-984-1370	EO000035148-02	E&O	10/1/2018	PAID
Guardian	800-627-4200	00 521172	Dental	12/31/2018	1st on Month
The Hartford	860-547-5000	20 SBA TQ5967	Liability	2/12/2019	PAID
Humana	800-448-6262	599727	Medical & Vision	12/31/2018	1st on Month
American Builders	678-309-4000	WCV 0027812 15	Workers Comp	12/5/2018	PAID



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/04/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	U.S. E&O Brokers 820 Gessner Suite 1680 Houston, TX 77024	CONTACT NAME: Amanda Fenn Diaz	
		PHONE (A/C, No, Ext): 713-984-1370	FAX (A/C, No): 713-984-1152
		E-MAIL ADDRESS: amanda@useo.com	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Admiral Insurance Company	24856
INSURED	American Underwriting Services, LLC 1255 Roberts Blvd, Suite 102 Kennesaw, GA 30144	INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY					EACH OCCURRENCE \$
	COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>					MED EXP (Any one person) \$
						PERSONAL & ADV INJURY \$
						GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO					BODILY INJURY (Per person) \$
	ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	HIRED AUTOS					PROPERTY DAMAGE (Per accident) \$
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/>					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Insurance Agents and / or Broker Errors and Omissions Retroactive Date: 10/01/1993		EO000035148-02	10/01/2017	10/01/2018	\$2,000,000.00 Each Claim \$2,000,000.00 Annual Aggregate \$25,000 Ded Per Claim / \$75,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Insurance Agent and / or Broker
Professional Liability
Claims Made and Reported Policy

Named Insured(s) with Retroactive Date(s):
American Underwriting Services, LLC - Retroactive Date: 10/1/1993
WBW Management, Inc - Retroactive Date: 10/1/1993
TNT Risk Management, LLC - Retroactive Date: 5/17/2012

CERTIFICATE HOLDER

CANCELLATION

FOR EVIDENCE OF INSURANCE ONLY

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Amanda Fenn Diaz

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SUMMARY OF INSURANCE



FOR:

AMERICAN UNDERWRITING SV'S LLC
1255 ROBERTS BLVD NW STE 102
KENNESAW GA 30144
Phone:

Prepared: 6/8/2018

FAX:

BY:

HOME OFFICE
CAPSTONE INSURANCE SERVICES/PHS
PO BOX 29611
CHARLOTTE NC 28229
Phone:

266841

FAX:

ACCOUNT POLICY RECAP	Policy Number	Eff Date	Exp Date	Premium
. Spectrum	20 SBA TQ5967	02012018	02012019	\$1,009.00
Hartford Accident & Indemnity Co				

POLICY DETAIL **Policy . Spectrum**

<u>Property Coverages - Special Form</u>	<u>Limit</u>	<u>Deductible</u>
Location 001 Building 001 1255 ROBERTS BLVD STE 102 KENNESAW, GA 30144-7078		
BUSINESS PERSONAL PROPERTY Replacement Cost STRETCH	\$213,800	\$1,000

Additional Interest: Loss Payee DE LAGE LANDEN
1111 OLD EAGLE SCHOOL RD
WAYNE, PA 19087

Property Add'l Policy Coverages - Applicable to all policy locations

EQUIPMENT BREAKDOWN COVERAGE
BUS INCOME W/ EXTRA EXPENSE
TERRORISM
IDENTITY RECOVERY COVERAGE

Comm'l Liability Coverages - Applicable to all policy locations

Each Occurrence \$2,000,000
Damage to Premises Rented to You \$300,000
Medical Expense (Any One Person) \$10,000
Personal & Advertising Injury \$2,000,000
General Aggregate \$4,000,000
Product/Compleat Operation Aggregate \$4,000,000
Hired Non-Owned Auto Liability \$2,000,000
TERRORISM

<u>Class Description Detail</u>	<u>Code</u>	<u>Premium Basis</u>
LOCATION 001 INSURANCE AGENCY	65181	

This summary and its attachments provides high level overview of policy coverages and does not include all conditions, limitation or exclusion. Please refer to the actual policy forms for detailed coverages, limits and deductibles.

AMERICAN UNDERWRITING SV'S LLC
20 SBA TQ5967

Prepared: 6/8/2018

Stretch Endorsement - Including:

Accounts Receivable	\$25,000
Brands & Labels	Included
Bus Income - Off-Premises Services	\$25,000
Bus Income - Newly Acquired Premises	\$250,000
Claims Expense	\$5,000
Computer & Media	\$10,000
Consequential Loss to Stock	Included
Debris Removal	\$25,000
Employee Dishonesty /ERISA	\$10,000
Fine Arts	\$10,000
Forgery	\$10,000
Increased Cost of Construction-Building	\$10,000
Newly Constructed/Acquired Buildings	\$1,000,000
Newly Constructed/Acquired-BPP	\$500,000
Off-Premises Services Direct Damage	\$10,000
Outdoor Property	\$1,000/\$10,000
Outdoor Signs	All
Personal Effects	\$10,000
Personal Property of Others	\$10,000
Property at Other Premises	\$10,000
Property Off Premises	\$15,000
Salespersons' Samples	\$1,000
Sewer and Drain Back Up	Included
Sump Overflow or Sump Pump Failure	\$15,000
Temperature Change	\$10,000
Tenant Building and Personal Property Coverage - Req'd by Lease	\$20,000
Transit Coverage	\$10,000
Unauthorized Business Card Use	\$2,500
Valuable Papers & Records	\$25,000
Valuation Changes	Included
Commodity Stock	
Finished Stock	
Mercantile Stock-Sold	

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

INFORMATION PAGE

Insurer: (NCCI Carrier Code 25496)
American Builders Insurance Company
A Stock Company
P.O. Box 723099
Atlanta, GA 31139-0099

Producer: 0000071
Toccoa Insurance Agency
P.O. Box 400
Toccoa, GA 305770400

1. The Insured and Mailing Address:
AMERICAN UNDERWRITING SERVICES LLC
1255 ROBERTS BOULEVARD
SUITE 102
KENNESAW, GA 30144

Carrier Policy #: WCV 0027812 15
Carrier Prior Policy #: WCV 0027812
Type of Business: LIMITED LIAB CO(LLC)
Fein: 581808554
Risk ID: 000000000

Other workplaces not shown above: See the Schedule Of Workplaces for this policy.

2. The Policy Period is from 12:01 a.m. on 12/05/2017 to 12:01 a.m. on 12/05/2018 at the Insured's mailing address.

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed here; Georgia

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3A.
The limits of our liability under Part Two are:

Bodily Injury by Accident	\$	500,000	each accident
Bodily Injury by Disease	\$	500,000	policy limit
Bodily Injury by Disease	\$	500,000	each employee

C. Other States Insurance: Part THREE of the policy applies to the states, if any, listed here:
Alabama, Florida, Indiana, Maryland, Mississippi, North Carolina, Oklahoma, Pennsylvania,
South Carolina, Tennessee, Virginia
D. This policy includes these endorsements and schedules: See endorsement schedule.

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates, and Rating Plans.
All information required below is subject to verification and change by audit.

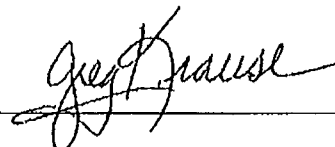
Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
-----------------	----------	---	--------------------------------------	--------------------------------

SEE SCHEDULE OF OPERATIONS

Total Estimated Annual Premium \$3,809

Minimum Premium \$600 Expense Constant \$250

COUNTERSIGNED BY



WC 00 00 01 A 0415

Copyright 1994 National Council on Compensation Insurance Inc.



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

5/30/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CAPSTONE INSURANCE SERVICES/PHS 266841 P: F: PO BOX 29611 CHARLOTTE NC 28229		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:															
INSURED AMERICAN UNDERWRITING SV'S LLC 1255 ROBERTS BLVD NW STE 102 KENNESAW GA 30144		INSURER(S) AFFORDING COVERAGE <table border="1"> <thead> <tr> <th>INSURER</th> <th>NAIC#</th> </tr> </thead> <tbody> <tr> <td>INSURER A Hartford Accident & Indemnity Co</td> <td>22357</td> </tr> <tr> <td>INSURER B</td> <td></td> </tr> <tr> <td>INSURER C</td> <td></td> </tr> <tr> <td>INSURER D</td> <td></td> </tr> <tr> <td>INSURER E</td> <td></td> </tr> <tr> <td>INSURER F</td> <td></td> </tr> </tbody> </table>		INSURER	NAIC#	INSURER A Hartford Accident & Indemnity Co	22357	INSURER B		INSURER C		INSURER D		INSURER E		INSURER F	
INSURER	NAIC#																
INSURER A Hartford Accident & Indemnity Co	22357																
INSURER B																	
INSURER C																	
INSURER D																	
INSURER E																	
INSURER F																	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR HTD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR General Liab GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		X	20 SBA TQ5967	02/01/2018	02/01/2019	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COM/PROP AGG \$4,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY			20 SBA TQ5967	02/01/2018	02/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS 00 08 attached to this policy.

CERTIFICATE HOLDER

CANCELLATION

UNITED STATES TRUSTEE
 362 RICHARD RUSSELL BUILDING
 75 TED TURNER DR SW
 ATLANTA, GA 30303

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda



Administrative Office:
900 Ashwood Parkway, Suite 400
Atlanta, GA 30338

Administrative Office:
1100 Employers Boulevard
Green Bay, Wisconsin 54344

Certificate of Coverage
Humana Employers Health Plan of Georgia, Inc.
and Humana Insurance Company

Group Plan Sponsor: AMERICAN UNDERWRITING SER
Group Plan Number: 599727
Effective Date: 01/01/2018
Product Name: GABN0937 CPYH
Product Type: Health Maintenance Organization Point of Service (POS)

In accordance with the terms of the *master group contract* issued to the *group plan sponsor*, Humana Employers Health Plan of Georgia, Inc. and Humana Insurance Company certifies that a *covered person* has coverage for the benefits described in this *certificate*. This *certificate* becomes the Certificate of Coverage and replaces any and all certificates and certificate riders previously issued.

A handwritten signature in black ink, appearing to read "Bruce Broussard".

Bruce Broussard
President

Administrative Office:
1100 Employers Boulevard
Green Bay, Wisconsin 54344

Group Vision Certificate of Insurance Humana Insurance Company

Policyholder: AMERICAN UNDERWRITING SER
Policy Number: 599727
Effective Date: 01/01/2018
Product Name: GA HUMANA VSION EXAM PLUS

In accordance with the terms of the *policy* issued to the *policyholder*, Humana Insurance Company certifies that a *covered person* is insured for the benefits described in this *certificate*. This *certificate* becomes the Certificate of Insurance and replaces any and all certificates and certificate riders previously issued.



Bruce Broussard
President

The insurance *policy* under which this *certificate* is issued is not a policy of Workers' Compensation insurance. *You* should consult *your employer* to determine whether *your employer* is a subscriber to the Workers' Compensation system.

This is not a policy of Long Term Care insurance.

NOTICE

The laws of the State of Georgia prohibit insurers from unfairly discriminating against any person based upon his or her status as a victim of family violence.

BENEFITS UNDER THIS PPO PLAN ARE LIMITED WHEN YOU SEE A NON-PREFERRED PROVIDER

The benefits in this PPO plan are designed to allow *you* to realize a lower member cost when *you* receive *your services* from a *preferred provider*. When *your treatment* is provided by a *non-preferred provider*, *you* will have a higher member cost. Please review *your* schedules of benefits carefully to understand this difference in benefits.

6/8/2018

Document Page 43 of 44

Guardian Anytime

Log Out



Employer Personalize

Guardian Anytime

Home Group Information Eligibility Member Self Enroll Billing Reports Forms & Materials Claim Status Discounts & Savings

View Group Information View Class/Benefit Information Request Plan Changes Pending Transactions Transaction History HCR Dental Renewal

View Group Information

Group Information

REQUEST PLAN CHANGES

Group ID: 00521172 Division ID: 0000 As of Date: 06/08/2018

SEARCH

Company Name: AMERICAN UNDERWRITING SERVICES

Legal Information

We will send any legal notifications to you at the following address:

Correspondent Name: MATT WILEY
 Company Name: AMERICAN UNDERWRITING SERVICES
 Legal Address : 1255 ROBERTS BLVD NW 102
 City: KENNESAW
 State/Province: Georgia
 Zip Code: 30144
 Country: USA
 Contact Phone Number: 770-874-0486
 Contact Fax Number:
 Contact Email Address: MWILEY@INSGROUP.BIZ

Mailing/Billing Information

We have the following mailing address on file:

Correspondent Name: MATT WILEY
 Company Name: AMERICAN UNDERWRITING SERVICES
 Billing Address : 1255 ROBERTS BLVD NW 102
 City: KENNESAW
 State/Province: Georgia
 Zip Code: 30144
 Country: USA
 Contact Phone Number: 770-874-0486
 Contact Fax Number:
 Contact Email Address: MWILEY@INSGROUP.BIZ

REQUEST PLAN CHANGES

Contact Us

Find a Provider
 Group
 Information/Plan
 Changes

Search

Quick Help

Search FAQs

How can I view a
 member's claim status
 and payments?

How do I terminate a
 member?

How can I enroll a
 new member in
 Guardian Anytime?

How can members
 enroll and change
 benefit elections in
 Guardian Anytime?

How do I view my
 Benefit Reports?

Show more FAQs



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 from this page.
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ATTACHMENT 8

SIGNIFICANT DEVELOPMENTS DURING REPORTING PERIOD

Information to be provided on this page, includes, but is not limited to: (1) financial transactions that are not reported on this report, such as the sale of real estate (*attach closing statement*); (2) non-financial transactions, such as the substitution of assets or collateral; (3) modifications to loan agreements; (4) change in senior management, etc. Attach any relevant documents.

Chapter 11 Trustee Appointed on June 27, 2018.

We anticipate filing a Plan of Reorganization and Disclosure Statement on or before N/A